

# UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

#### NOTICE OF ALLOWANCE AND ISSUE FEE DUE

HM32/0128

MALIN HALEY DIMAGGIO & CROSBY ONE EAST BROWARD BOULEVARD SUITE 1609 FORT LAUDERDALE FL 33301

AF	PPLICATION NO	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	XAMINER AND GROUP ART UNIT		
	08/872,088	06/10/97	023	CHIN, C	1641	09/28/99	
First Nar Applican	177 - 27 (F14) F14 (F14)	· · · · · · · · · · · · · · · · · · ·	PATE	RICK			

INVENTION DIAGNOSTIC SANITARY TEST STRIP

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APP	LN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 9186.780	4 436-5	514.000	C25	UTILI	ry yes	\$605.00	12/28/99

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# NOTICE OF ALLOWANCE AND ISSUE FEE DUE

HM32/0128

DAVID P LHOTA
MALIN HALEY DIMAGGIO & CROSBY
ONE EAST BROWARD BOULEVARD
SUITE 1609
FORT LAUDERDALE FL 33301

APPLICATION NO.		FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP	DATE MAILED	
	08/872,088	06/10/97	023	CHIN, C	1641	09/28/99
First Named Applicant CARROLL, PATRICK			· · · · · · · · · · · · · · · · · · ·			

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**CLASS-SUBCLASS** 

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM32/0128

DAVID P LHOTA
MALIN HALEY DIMAGGIO & CROSBY
ONE EAST BROWARD BOULEVARD
SUITE 1609
FORT LAUDERDALE FL 33301

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**FEE DUE** 

SMALL ENTITY

(Depositor's name)

(Signature)

**DATE DUE** 

(Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED** 1641 09/28/99 023 CHIN, C 06/10/97 08/872,088 First Named PATRICK CARROLL, **Applicant** 

APPLN. TYPE

BATCH NO.

TITLE OF INVENTION DIAGNOSTIC SANITARY TEST STRIP

ATTY'S DOCKET NO.

1 9186.7804 436-514.	.000 C2	5 UT1	LITY	YES	\$605.00	12/28/99	
<ol> <li>Change of correspondence address or indication of "Fee Address Use of PTO form(s) and Customer Number are recommended, bu</li> <li>Change of correspondence address (or Change of Correspond PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO</li> </ol>	(1) the name attorneys or the name or member a and the name attorneys or name will be	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3					
<ul> <li>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF PLEASE NOTE: Unless an assignee is identified below, no assign Inclusion of assignee data is only appropriate when an assignment the PTO or is being submitted under separate cover. Completion filing an assignment. <ul> <li>(A) NAME OF ASSIGNEE</li> </ul> </li> <li>(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)</li> <li>Please check the appropriate assignee category indicated below ( individual individua</li></ul>							
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(Authorized Signature)	(Date)						
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